

Isle of Man Education Authority

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# ANNUAL REPORT

of the

Principal

School Medical Officer

1956

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S. V. CULLEN, M.B., Ch.B., D.C.H.

*Principal School Medical Officer*

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Printed by Victoria Press Limited,  
Martins Bank Chambers,  
45 Victoria Street, Douglas, I.o.M.



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# CONTENTS.

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	Page		Page
Blind Children .....	17	TABLE I.	
Chest Conditions .....	11	A—Periodic Medical Inspections .....	20
Deaf Children .....	17	B—Other Inspections .....	20
Defective Hearing .....	10	C—Individual Children requiring treatment .....	20
Dental Defects .....	11	D—Classification of Physical Condition .....	21
Diphtheria Immunisation .....	14		
Ear Disease .....	10	TABLE II.	
Educationally Sub-normal Children .....	18	Infestation with Vermin .....	21
Employment of School Children .....	17		
Epileptic Children .....	17	TABLE III.	
External Eye Disease .....	10	RETURN OF DEFECTS.	
Handicapped Pupils .....	17	A—Periodic Inspections .....	22
Hygienic Condition of Schools ...	7	B—Special Inspections .....	23
Infectious Diseases .....	13		
Maladjusted Children .....	19	TABLE IV.	
Medical Inspection .....	8	1. Eye Diseases, Defective Vision and Squint .....	23
Mentally Defective Children ...	18	2. Diseases and Defects of Ear, Nose and Throat .....	24
Milk in Schools .....	17	3. Orthopædic and Postural Defects .....	24
Minor Ailments and Diseases of the Skin .....	9	4. Diseases of the Skin .....	24
Nose and Throat Defects .....	10	5. Child Guidance Treatment ...	24
Orthopædic Defects .....	12	6. Speech Therapy .....	24
Physical Condition .....	8	7. Other Treatment .....	25
Physical Education .....	14		
Physically Handicapped Children .....	18	TABLE V.	
Preliminary .....	5	Dental Inspection and Treatment .....	25
Special Medical Examinations ...	17		
School Meals .....	15		
Speech Defects .....	19		
Staff .....	4		
Throat Defects .....	10		
Tuberculosis .....	11		
Uncleanliness .....	9		
Visual Defects .....	9		



# SCHOOL HEALTH REPORT

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TO THE CHAIRMAN AND MEMBERS OF THE ISLE OF MAN EDUCATION  
AUTHORITY.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit my report on the work of the School Health Service during the year ended 31st December, 1956.

There were again some changes in the Staff of the Dental Department. Mr. J. I. Stevenson who had been with the Authority since August, 1953 resigned in April to take up private practice on the Mainland. Mr. D. A. E. Chambers who was appointed in December, 1955 resigned in December, 1956 to go into private practice on the Island. Mrs. K. E. Smith who has been on the Staff of the School Dental Service since 1949 was appointed to succeed Mr. J. A. S. Clucas as Principal School Dental Officer in February, 1956. Mr. H. C. Magee was employed in a part-time capacity during the months of October and November before commencing his national service in the Army Dental Corps. Mr. J. C. Curphey and Mr. C. D. Roe were appointed to do sessional work in the dental clinics in the North of the Island.

Mrs. E. C. Callow, Dental Attendant, resigned in February, 1956 and was replaced by Mrs. C. Hotchkiss who was appointed in a temporary capacity. Miss Cleator, Dental Attendant at the Douglas Clinic, resigned in September, 1956 on her marriage.

Dr. T. L. de Courcy who has been acting as Consultant Ophthalmologist to the Authority for some years, retired in June, 1956. We are grateful to him for the service he has rendered to the children of the Island and wish him well in his retirement. Mrs. Dorothy Barton was appointed to succeed Dr. de Courcy and commenced duty in August, 1956.

I would again express my gratitude to the Dental, Nursing and Clerical Staff for their reliable and conscientious work and my sincere thanks and appreciation to Dr. K. M. Vernon.

I would like to take this opportunity of thanking the members of the Authority. In particular, the Medical Committee and the Director of Education and his Staff have given generous help and support.

I should also like to express my thanks to the Medical Practitioners of the Island, to the Schools and Hospitals Staffs, and to all the official and voluntary bodies without whose help the School Health Service could not function efficiently.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

S. V. CULLEN,

Principal School Medical Officer,

# Isle of Man Education Authority

## SCHOOL HEALTH SERVICE

### Report for Year 1956

#### STAFF

##### FULL TIME.

Principal School Medical Officer :	S. V. Cullen, M.B., Ch.B., D.C.H.
School Nurses :	Miss F. Caine, S.R.N., S.C.M., S.R.F.N. Miss E. H. Quirk, S.R.N., S.C.M., R.M.P.S., H.V. Miss D. C. Qualtrough, S.R.N., S.C.M. Miss M. Patrick, S.R.N., S.C.M., H.V., Q.N.
Principal School Dental Officer :	Kathleen E. Smith, B.D.S. Hons., L.D.S. (from 1/2/56).
School Dental Officers :	J. I. Stevenson, L.D.S. (Resigned 10/4/56). D. A. E. Chambers, L.D.S. (Resigned 31/12/56). H. C. Magee, L.D.S. (Temporary. From 1/10/56 — 11/56).
Dental Attendants :	Miss D. M. Crellin. Mrs E. C. Callow. (Temporary. Resigned 3/2/56). Mrs. J. Mylchreest, S.R.C.N. Miss R. M. Cleator. (Resigned 29/9/56). Mrs. C. Hotchkiss. (Temporary. From 6/2/56).
Clerks to the Medical Department :	Mrs. D. Christian. Miss V. Devereau.

##### PART TIME.

School Medical Officer :	Kathleen M. Vernon, B.Sc., M.B., Ch.B.
School Dental Officers :	Margaret B. Symes, L.D.S. H. Fox. J. C. Curphey, L.D.S., R.C.S. (Eng.). (From 6/4/56). C. D. Roe. (From 6/4/56).

##### CONSULTANTS.

Aural Surgeon :	W. M. Owen, F.R.C.S., D.L.O.
Orthopædic Surgeon:	H. G. Almond, M.Ch. (Orth.), F.R.C.S.
Ophthalmic Surgeon:	T. L. de Courcy, M.A., M.D., B.Ch., B.A.O., D.P.H. (Resigned 21/6/56). Dorothy Barton, M.B., Ch.B., D.O.M.S. (From 3/8/56).
Radiologist:	B. B. Harrison, M.B., Ch.B., M.Rad., D.M.R.D.
PHYSIOTHERAPIST :	Miss A. J. Caine, M.C.S.P., H.T.



## PRELIMINARY.

It is now nearly half a century since the School Health Service was established in England, but it was not until 1923 that the foundations of the service were laid in the Isle of Man. As the value of the service has been under discussion recently, particularly with respect to its future control it would, perhaps, be appropriate to look back and consider conditions as they existed in the early days.

In the first Annual Report the main objects of the School Health Service were summed up as follows:

- (1) the improvement of the health and physique of the nation by the early detection and treatment of abnormal conditions among the rising generation ;
- (2) by removing these disabilities to enable the child to receive the full benefit from the national system of education ;
- (3) where these disabilities are irremediable ultimately to minimise as far as possible the prospects of future industrial and social incapacity which these disabilities would entail.

To a large extent the School Health Service is the same to-day as that introduced in 1923. Its basis is still periodic inspection of each child during school life with re-examination and special examination as required. Special examinations take place more often so that extra attention can be given to children found to need observation and to those referred by parents, teachers and school welfare officers. Whereas formerly medical examination was successful chiefly in detecting early illness, latterly the aim has been to provide a complete audit of a child's health. A three-party conference of parent, doctor, and teacher often brings to light aspects of a child's life which otherwise might remain unnoticed. In this respect the school nurse is indispensable. She visits the schools regularly and is well known to the children and members of the staff and forms the chief link between school and clinic.

Examples from earlier Annual reports are enlightening. In 1932 a total of 223 children attending ordinary schools were notified as delicate, i.e. their general health made it desirable that they should be specially selected for admission to an open-air school. In addition, 47 children suffered from glandular tuberculosis and 18 others had some other form of tuberculosis, i.e. of the bones, joints, skin or pulmonary.

In 1929 an orthopædic survey was carried out to decide what steps should be taken to prevent and cure crippling defects in children on the Island. Out of 94 children summoned for examination, 26 suffered from rickets—the report stating: “there is a surprisingly large amount of rickets . . .” 13 other children suffered from tuberculosis of bone or joints and the report stated: “The results of non-pulmonary tuberculosis leave much to be desired. Initial treatment is fair but after-care lacking. Unnecessary crippling has resulted from neglect of after-care . . .” It was as a result of this survey and report that an orthopædic scheme was started and has continued until the present day. Fortunately, rickets and tuberculosis of bones and joints are now rare. The former is seldom

seen and the latter, while it has not disappeared entirely, is diagnosed and treated at such an early stage that crippling defects can often be avoided.

It would be folly to claim that the School Health Service has been entirely responsible for the improvement in the health and welfare of children, but there is no doubt that it has played a large part. To quote from the most recent report of the Chief Medical Officer of the Ministry of Education: "‘in the whole local government public health service no single branch is of greater importance to, and has played a greater part in, the building up of the health of the children and young people of this country than the school health service in its many branches’."

The fundamental efficiency of a service for the promotion of mental and physical child health must depend on close association with the educational system. School attendance is compulsory and it is, therefore, easy to ensure that no child escapes adequate medical supervision. Facilities also exist for the supervision of the health of the pre-school child. It is difficult to envisage how an equivalent service could be organised on any other basis.

The Principal School Dental Officer in her report has drawn attention to the increase in the incidence of dental decay in children. This increase has been noted in a considerable number of other areas in the United Kingdom and emphasizes the need for further preventive measures. As much as possible is done in schools and clinics to instruct children in dental hygiene in order to preserve their teeth but, as the report states, it is not uncommon to find that very young children require many extractions at their first visit to the dentist because of dental caries. The increased dental caries rate combined with a national shortage of dentists does not augur well for the future and little short of a dental hygiene campaign on a national scale is likely to have any marked effect. The disappearance of rickets and other deficiency diseases following the introduction of vitamins was so dramatic that one is led to consider that dental caries may be another deficiency disease depending for its prevention not only on an adequate supply of vitamins in the diet but also on another factor which it is suggested is fluoride. The distribution of cod liver oil and orange juice in infant welfare clinics does much to prevent the occurrence of rickets. Fluoridation of drinking water supplies is one of the methods by which the teeth of very young children could be protected and the possibilities of re-inforcing cod liver oil or orange juice with suitable amounts of fluoride should not be overlooked.

The problem of children so mentally retarded as to be unfit for school is again stressed. The need for an Occupation Centre where these children could receive training was the subject of negotiations with the Mental Hospitals Committee of the Health Services Board during the year.

With the improvement in the physical health of children it is now possible to devote more attention to emotional and behaviour difficulties. The unstable period of adolescence with its emotional changes is one to which some children find much difficulty in adjusting themselves. The report of the Committee on Maladjusted Children draws attention to the valuable part played by the School Health Service in the ascertainment and treat-



ment of children who show evidence of mental maladjustment. Minor troubles or maladjustments are sometimes brought to the notice of school medical officers by the teaching or nursing staffs. Early consultation with a little guidance often proves most valuable in preventing serious behaviour problems or major maladjustments.

Mr. Owen, the Consultant Ear, Nose and Throat Surgeon, has drawn attention in his report to the waiting time for operation cases. The increased number of operation sessions is gradually reducing this interval, but cases have had to be deferred because of a shortage of beds at the hospital and occasionally because the children's ward has been in quarantine because of infectious disease.

After the retirement of Dr. de Courcy, arrangements were made for Mrs. Dorothy Barton, Consultant Ophthalmic surgeon, to see the children with eye defects. The Authority's clinic is now held in the special eye room at Noble's Hospital on a Sunday morning with the school nurse in attendance. Sunday is not a satisfactory day for the clinic as transport from outlying districts, particularly in the winter, is so infrequent, but it is the only available session which can be devoted to children. There is, at present, a waiting list, but it is possible that some extra sessions will be available and that it will be considerably reduced.

For the past few years, it has been customary in Annual Reports to refer to the unsatisfactory school clinic building in Tynwald Street. The Education Authority have passed plans for the building of a new clinic to replace the present one, but their recommendation is still waiting for final approval at a higher level. It is to be hoped that this will not be long delayed.

#### **SCHOOL ACCOMMODATION AND HYGIENE.**

I am grateful to the Works Inspector for the following report:—

“During 1956 the following buildings were painted externally:—Andreas, Santon, St. Mark's, Tynwald Street, Hanover Street, Murray's Road, Demesne Road, Laxey and Castle Rushen High Schools ; Noble's Hall and the School of Art.

The following school houses were also painted externally:—Santon, St. Mark's and Foxdale.

The following schools were either partly or wholly decorated internally:—Ramsey Grammar School (Junior Department) and Dhoon School.

Public water supply and water borne sanitation were installed at Marown School.

At the following schools oil burning apparatus was installed:—Ramsey Grammar School (Senior department), Albert Road, Ballasalla, Laxey, Demesne Road, School of Art and Ballakermeen. In addition, a new heating boiler was installed at Albert Road School and improvements to the heating system were also carried out at Laxey School.

Modernization of electric lighting was carried out at Ramsey Grammar, Foxdale, Arbory and St. John's Schools.

Reconstruction and addition to existing changing rooms enabled modernization of showers to be carried out at Ramsey Grammar School (Senior department).

Macadamizing of playgrounds was carried out at Arbory and Foxdale Schools.

Modern wash hand basins were installed at Bride School.

To conserve the heating in the hut classrooms at Ramsey Grammar School (Junior Department), Ballakermeen School, and the High School for Girls (Park Road), porches were built over the entrance doors.

In the following schools a certain amount of renewal and modernization of furniture was carried out:—Tynwald Street, Demesne Road, Albert Road, Andreas, Dhoon, Ramsey Grammar, Ballakermeen, Park Road Section High School for Girls, and the Castle Rushen High School."

#### MEDICAL INSPECTION.

The total number of periodic examinations carried out was 2,517, a decrease of 149 compared with the previous year. Fewer children were examined in the two younger age groups but the number of examinations in the twelve-year-old and fifteen-year-old age groups increased.

Of the 65 children examined outside the normal age groups 7.69% needed some form of treatment. 5.15% of the five-year-olds, 9.32% of the eight-year-olds, 9.63% of the twelve-year-olds and 7.97% of the fifteen-year-olds required treatment. The total number of children in all age groups found to be in need of treatment was 199 or 7.91%—slightly more than last year's percentage of 7.2.

The number of re-inspections carried out increased slightly compared with 1955—4,756 as against 4,658. Special inspections diminished by 165 from 1,107 in 1955 to 942 in 1956.

#### PHYSICAL CONDITION.

In accordance with a recommendation from the Ministry of Education, classification of general condition into three groups:—'A' (good), 'B' (fair), and 'C' (poor) was replaced at the beginning of the year by classification of physical condition into two categories—"Satisfactory" and "Unsatisfactory." Only one child out of the 2,517 examined was classified as "Unsatisfactory."

Compared with the previous year, there was little change in the average heights and weights of the children examined in the various age groups:—



	Number examined		Height in inches		Weight in pounds	
	1955	1956	1955	1956	1955	1956
Eight-year-old boys .....	450	352	50.01	50.23	58.19	55.40
Eight-year-old girls .....	398	313	49.47	49.34	57.37	56.84
Twelve-year-old boys .....	276	325	57.08	57.61	82.39	85.29
Twelve-year-old girls .....	287	267	57.81	57.91	85.96	86.39
Fifteen-year-old boys .....	209	248	64.83	65.08	116.81	116.98
Fifteen-year-old girls .....	232	229	62.77	62.91	115.79	118.15

#### UNCLEANLINESS.

During 1956 the School Nurses carried out 32,267 examinations of children for cleanliness. 7,491 children were examined and of these, 176 or 2.35% had some degree of infestation. It was necessary for some children to be excluded from school until the condition was clear.

The percentage of children with infected heads is still declining and is now only a fifth of what it was ten years ago. Tribute should be paid to the work of the School Nurses which has made this possible. Inspections are conscientiously carried out and children whose heads are affected are repeatedly followed up. Unfortunately, it is often of no value to treat an individual child—other members of the family must also be treated and it is not always possible to treat members who are not at school.

#### MINOR AILMENTS.

The number of individual cases treated at the Minor Ailments Clinics rose from 8,468 in 1955 to 10,355 in 1956. The number of attendances decreased from 16,167 to 15,720. Although there was again a slight increase in impetigo and other minor skin conditions, no serious problems were presented.

All clinics are held on school premises except the one at the headquarters of the School Health Service in Tynwald Street. Treatment clinics on school premises have several advantages: the nurse is at hand, her advice can be sought, and the education of children who must have regular treatment, for example children with discharging ears, suffers the minimum of interference. Clinics are held three times a week at Ballakermeen School and Albert Road School; twice a week at Victoria Road, Rushen, Castle Rushen, Peel, Ramsey Grammar and Laxey Schools; once a week at Andreas School and daily at the Tynwald Street Clinic.

Children in need of frequent treatment are referred by the Visiting Consultants and General Practitioners and a number, including those of pre-school age, are brought to the clinics by their parents. The School Nurses deal with all cases but difficult conditions are referred to the School Medical Officers and it must be emphasized that children who require treatment by drugs are referred to the family doctor.

#### VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

184 school children and 37 pre-school children were examined by the Eye Specialist and of these eight school children and nine pre-school



children were referred for operative treatment. During the year 14 children, four of whom were of pre-school age, were admitted to St. Paul's Eye Hospital for operation. 12 underwent operations for correction of squint, one for removal of a cyst and one had an operation on the tear duct. In all, 24 sessions were devoted to children, 248 examinations were made and 152 children were ordered glasses.

361 eye examinations were made by the School Medical Officer. 350 of these were refractions and 11 children previously tested by retinoscopy were re-tested by the subjective method. The number of glasses ordered was 158.

605 eye ailments of a minor nature were treated by the School Nurse at the Minor Ailments Clinics.

#### **EAR, NOSE AND THROAT DEFECTS.**

Mr. W. M. Owen, the Ear, Nose and Throat Specialist, made 12 visits during 1956. 11 consultation sessions and seven operation sessions were held. 153 school children and 11 pre-school children were examined and the number of examinations made was 190. 41 operations were performed by Mr. Owen at Noble's Hospital:—

15—removal of tonsils and adenoids ;

21—removal of adenoids only ;

5—other operations on the ear, nose or throat.

13 children were referred by the School Medical Officers for operative treatment and the School Health Department was notified of another 13 children who had been referred direct to hospital by the General Practitioners.

One boy who was referred by Mr. Owen to the Liverpool Ear, Nose and Throat Infirmary for an audiometric test was recommended for a hearing aid. Another boy suffering from catarrhal deafness was seen by the Consultant Radiotherapist and referred to the Liverpool Radium Institute for radiotherapy of the Eustachian tubes. The hearing of a girl with retarded speech was tested by Professor Ewing at the Department of the Deaf at Manchester University.

The School Nurses treated 326 aural and 325 nasal complaints of a minor character.

I am indebted to Mr. Owen for the following report on the work of the Ear, Nose and Throat Clinics:—

“The majority of the children seen at the clinics were referred because it was considered that they would benefit from removal of the tonsils and/or adenoids. Several boys were seen as a result of injuries to the nose caused as a result of the boisterous games in which boys usually indulge.

The waiting time for operation on the nose and throat, mostly for removal of tonsils and adenoids still remains rather longer than desirable.

The position with regard to the waiting time for consultation is extremely satisfactory. This is probably accounted for by the fact that the attendance at the clinics is almost invariably a hundred per cent. This, I think, reflects credit on the administration of the service. I would like to mention that such organisation adds considerably to the pleasure of the work at the clinics."

### **TUBERCULOSIS AND CHEST CONDITIONS.**

The School Health Service has continued to receive reports on children examined by the Tuberculosis Officers and the co-operation of the Chest Clinic in this matter is much appreciated. The reports are most helpful and enable the School Medical Officers to maintain regular supervision of the school life of the children concerned. During the year copies of reports on 49 school children and one child of pre-school age were received. In all, 62 reports were received as some children were reported upon more than once. The majority of these children had been referred by the family doctors to the Chest Clinic.

Three children of one family who were temporary residents on the Island were seen at the Chest Clinic and notified as Primary Tuberculosis. They were admitted to hospitals at Leasowe and later transferred to the care of Wallasey Education Committee. One boy, also temporarily resident on the Island, was notified as Tuberculous before he returned to Scotland. One pre-school child who had had tubercular meningitis on the Mainland transferred to the Island during the year and was referred to the Orthopædic Clinic for treatment.

No notifications of tuberculosis of the bones or glands in children were received by the School Health Service during the year.

In accordance with a Ministry of Education regulation, 36 candidates for Teachers Training Colleges were X-rayed at Noble's Hospital and were found to be free from disease of the lungs.

### **THE SCHOOL DENTAL SERVICE.**

I am obliged to Mrs. K. E. Smith for the following report on the work of the School Dental Service:—

"During 1956 two full-time dental officers were working at Ballakermeen Dental Clinic in Douglas and Mr. Fox continued working on a sessional basis in Castletown. Mr. Stevenson resigned from his appointment in Ramsey on April 10th and as, after continued advertising, no full-time replacement was available for him, Mr. Roe and Mr. Curphey were appointed and worked for the rest of the year in Ramsey with Mrs. Symes as part-time officers.

At the school inspections 6,251 were examined and 4,747 found to require treatment. The ratio does not vary greatly from that of the previous year.

The casual visits by emergency cases have increased on those of last year. There were 2,571 and the number of pre-school patients treated was 251.



The number of extractions carried out shows an increase and this is directly linked with the incidence of dental decay which seems, as in other areas of the United Kingdom, to be growing rapidly. It is not uncommon to find that at their first visit the very young pre-school and school children require multiple extractions. Again, in the six to seven year age group, the first permanent molars which have newly erupted are frequently found to be decaying rapidly. It will be appreciated that very often it is virtually impossible to do extensive work of a permanent nature at this age as the younger patient is intolerant of the instrumentation involved. It is found necessary to save these six-year-old molars, if possible, by dressings of a temporary nature, solely to save the jaw relationships until further permanent teeth erupt, usually by the age of 11. At this age the four six-year molars are extracted, leaving the patient with a healthy well-spaced mouth and sufficient room later on for his much maligned "wisdom teeth."

At this point it is worthwhile mentioning that when extractions of permanent teeth are necessary because of decay or to relieve over-crowding of the mouth in most cases, balanced extraction must be carried out, i.e. from the four corners of the mouth. In other words, to produce a clean, even mouth for the adult of the future, sound teeth may have to be extracted. This is clearly visible each year at school inspections. Very often it is the child who has lost his six-year molars, at the right age, who has a fit mouth or who only requires fillings of a minor nature.

The major causes for this increase of decay can be mainly traced to the ever-growing consumption by children of sweets, sugar and starchy foods linked with a complete lack of oral hygiene in very many cases. To combat these factors, if more fruit were eaten in place of the daily sweets and the teeth brushed after every meal—not once a day—we would have at least a first line of defence. To weaken the attack of dental decay we could also protect the teeth of children by fluoridation of drinking water.

Towards the end of this year, freedom to choose to have dental treatment carried out by private dentists or by the school staff was given to children over 11 years of age. When dental inspections were carried out on these age groups after this date it was found that most parents still elected to have school treatment."

#### ORTHOPÆDICS.

Mr. H. G. Almond, the Orthopædic Specialist, made nine visits during 1956 to the Island's School Clinics. 298 individual children were examined and the total number of examinations made was 508. Mr. Almond also paid four domiciliary visits to a severely disabled child who was unable to attend his clinics.

22 operations were performed by the Orthopædic Specialist at Noble's Hospital. 15 of these were corrections of deformities of the feet or toes and the remaining seven were for various other conditions. Three children were admitted to hospitals on the Mainland—two for operation and the other for intensive specialised treatment. Three children who were away in hospital when the year started were discharged during the year and returned to the Island.



In addition to the operation cases, ten children were in-patients in the Orthopædic Ward at Noble's Hospital during the year. A boy and a girl suffering from the after effects of poliomyelitis, two boys with Perthe's disease of the hip and a girl with congenital dislocation of the left hip were still in at the end of the year.

Miss Caine, the physiotherapist, treated 215 children at the After-Care Clinics at Castletown, Peel, Ramsey and Douglas. 3,862 treatments were given and Miss Caine also treated 24 children and gave 456 treatments at Noble's Hospital. Thanks are again due to Miss Caine for her excellent service and for the conscientious work which she performs for the children.

I am grateful to Mr. Almond for the following report in which he draws attention to the value of adequate after-care and supervision:—

“During the year clinics have been held at Castletown, Ramsey and Tynwald Street, at approximately monthly intervals. The attendance of the parents with their children is almost always at least 90% of the number we request to attend. Considering that when dealing with children there is always a certain amount of general illness, this is a most adequate response on the part of the parents.

For the supervision of particularly long term cases in young children, such as poliomyelitis, club foot, or spastic conditions, the service must be taken to the vicinity of the people's homes or the attendance will drop, and I think the Castletown and Ramsey clinics are valuable from this point of view. When the mothers have other young children to look after and long distances to travel to a central clinic or central out-patients' clinic, many of them would be unable to manage it.

The numbers seen at the clinics are about 70 per visit. The School Medical Officer is always present at the clinics and knows about the children from the educational and social point of view. The assistance of the School Medical Officer, his staff, and Miss Caine is invaluable to me.

These clinics are quite different from the ordinary out-patients' clinic of a hospital, some of the cases being seen from birth until they leave school. With the very adequate records which are kept and the supervision of the people who get to know them both at school and in the clinics, it is a service which I do not think could be replaced by any other. The provision of this service takes a considerable load off the Out-patients' Department of the Hospital because no patients under 15, for practical purposes, are seen at the Hospital or, if they are seen, they are referred for follow-up or ordinary treatment at the School Clinic.”

#### INFECTIOUS DISEASES.

The following infectious diseases were notified by the schools:—

Measles .....	14
Whooping Cough .....	75
Chickenpox .....	152
Mumps .....	444
German Measles .....	87
Scarlet Fever .....	10

At the end of 1955 and in the early months of 1956, mumps spread rapidly through the Douglas schools. The north and south of the Island remained unaffected but the number of cases in the west rose sharply between October and December. With the exception of measles, all other infectious diseases showed moderate increases. Chickenpox appears to be endemic in the Island and rarely reaches epidemic proportions. A mild epidemic of influenza in February caused the attendances at one or two schools to fall considerably. During June and July some isolated cases of Sonn  dysentery occurred.

Once again no cases of diphtheria occurred amongst school children but the percentage of children immunised continues to remain very low and would not provide adequate protection for the community in the event of an outbreak.

Two children of pre-school age were admitted to hospital with poliomyelitis. No child of school age was reported as having contracted the disease. During 1957, immunisation against poliomyelitis will be offered to certain groups of children. The scheme is to be arranged by the Health Services Board and the Medical Officer of Health and in view of the undoubted success of the diphtheria immunisation campaign, it is to be hoped that as many parents as possible will avail themselves of the opportunity to have their children inoculated against crippling disease.

#### PHYSICAL EDUCATION.

I am indebted to the Organiser of Physical Education for the following report:—

“The many activities included under the heading of physical education have continued to hold an important place in the general training of the children in both secondary and primary schools. The secondary schools have their trained specialists for this work. In the primary schools there are no trained specialists so that the good work being done is due to the interest and enthusiasm of those taking this work along with every other subject, and giving of their best to improve the physical welfare of the children. A great deal is asked of them, for they are expected to send their children to the secondary schools well grounded in physical exercise, dancing, athletics, and games.

The physical education lesson is divided into three main parts: general activity, compensatory movements, and agility movements; and the increasing use of apparatus calls for good leadership and good discipline. For rhythmic training and dancing, many schools take the Music and Movement lessons given by the B.B.C., also singing games and folk dancing.

For sports, training is given in running and jumping and team games, the latter giving good training in ball handling, quickness of movement, alertness, and agility. The games played to a limited extent are football, cricket, rounders, and minor team games; so that the children receive basic training in running, ball handling and tactics for major team games.

Sports Days, Dance Festivals and friendly matches are held each year



entailing invaluable training in sportsmanship and a desire to do well for the school.

Playing fields in the secondary schools and playing areas in the primary schools have been improved and kept in good order. The groundsmen are always willing to help in any way to give the children as good conditions as possible for games and sports.

Improvements have been made for indoor work, and asphaltting of playgrounds has been carried out, but there is still need for more indoor accommodation, better storage facilities, more portable apparatus and better playground surfaces.

Head Teachers and their staffs take a keen interest and through their influence are helping the parents to see the necessity for suitable clothing and footwear for physical education, so that the children are unhampered in their movements and can gain full benefit from using the apparatus provided. It is through their co-operation and keenness that our school children get a good basic training."

#### MILK AND SCHOOL MEALS.

I am grateful to the Organiser of Domestic Subjects and School Meals for the following report:—

"The aim in planning the school meal is to provide an adequate supply of protein. The body needs protein for growth and the repair of worn tissues. Children need protein more urgently than adults because of the requirements of the rapidly growing body.

The protein obtained from meat, fish, eggs, milk, cheese and from green vegetables is the most valuable in body-building and is known as first-class protein. When the quantity of first-class protein available is limited, it is necessary to supplement it by the use of foods rich in second-class protein, namely pulses and cereals.

As first-class protein is so important to the growing child it is the policy in the School Meals Service to buy as much meat and fish per head as is practicable and cooks are instructed to serve each child with his portion and to encourage him to eat it. Protective foods are provided by potatoes, green vegetables, carrots and turnips.

Heat- and energy-producing foods are provided by the puddings which are made with the full proportion of fat and sugar to flour, with the addition of eggs and milk and dried or fresh fruit.

Parents can be assured that if their children eat the food provided they have a really satisfactory meal. Unfortunately, some children refuse to eat meat and a proper proportion of the second vegetable. Most children like the puddings, but it would be beneficial to the well-being of the children if parents would encourage them to eat the meat and fish and cheese foods provided.



In previous reports particulars have been given of the instructions given to the School Meals Staff to make them aware of the importance of personal hygiene and strict cleanliness in the preparation and serving of food. In all kitchens hands are washed in a germicide before any operation of preparing and service is undertaken and a detergent and germicide are used in washing up.

In order to make the dangers of food poisoning more widely known to the general public, Officers of the Local Government Board visited all parts of the Island during the winter months and showed films dealing with the proper handling of food. Knowledge of this kind is of extreme importance to a community which caters for a large number of visitors. The Local Government Board loaned these films to the Education Authority and they were shown to girls attending the High Schools. The films were in colour and were most instructive on the amounts of foods to be served to keep the body in good health. Points on the necessity for clean hands in preparing food were well brought out. The speed at which germs multiply and develop in foods "left over" if not kept in suitable conditions was emphasized. There is no doubt of the importance of bringing, at an early age, knowledge of this kind to those who will be responsible for preparing and cooking food.

The School Meals Staff are fully conscious of their responsibility in feeding the school children. They have a personal interest in the children and take pride in providing a well-cooked and varied menu. Good cooking is important in obtaining the highest possible food value. Attractive presentation of the meal and colour also play their part in tempting the children's appetites.

The kitchens are well equipped; all but two are now equipped with refrigerators. This makes for proper storage of food and enables a greater variety of cold sweets to be served as more preparation can be done the day before. Lettuce and cress are beautifully crisp after being thoroughly washed, drained dry the previous afternoon, and suitably stored in the refrigerator overnight.

The following is a list of the School Meals Centres and shows the number of meals served on 18th October, 1956:—

Ramsey Grammar School, Senior Department ..	152
Ramsey Grammar School, Junior Department ...	160
Albert Road School ... ..	118
High School for Boys, St. Ninian's .....	222
High School for Girls, Park Road .....	181
Ballakermeen School .....	316
Castle Rushen High School .....	319
Victoria Road School .....	110
Laxey School .....	141
Peel Clothworkers' School .....	215
Rushen Primary School .....	187
	<hr/>
	2,121 "
	<hr/>

Milk.

Approximately 2,300 third-of-a-pint bottles of T.T. or Pasteurized milk were delivered daily to schools in all parts of the Island and about 1,000 of these were supplied to children free of charge.

#### **SPECIAL MEDICAL EXAMINATIONS.**

156 children who were examined in connexion with the issue of Employment Certificates were found to be fit. 12 children who applied for Entertainments Certificates were also certified as fit. 57 children were examined prior to dental treatment under a general anæsthetic.

38 candidates for Teachers Training Colleges were medically inspected and one adult was examined for suitability for admission to contributory service under the Superannuation Acts.

127 examinations of 48 children boarded out by the Education Authority were made. Two children taken into care by the Authority were examined prior to their admission to a children's home and one girl already in the care of the Authority was examined before admission to a hostel on the Mainland.

A number of children referred from the Juvenile Court were examined at the request of the Magistrates.

No specific complaint could be found in 47 children who were seen as special cases.

#### **HANDICAPPED PUPILS.**

##### **Blind Children.**

One pre-school child will have to be considered for special education in the near future.

##### **Partially Sighted Children.**

Five children attending ordinary schools and three pre-school children are classed as partially sighted and may need to be admitted to special schools. Five children with advanced myopia attend ordinary schools. If their myopia should become worse, it may be necessary to admit them to Special Classes.

##### **Epileptics.**

One girl whose family transferred from the Mainland during the year is resident at an epileptic colony in the south of England. Twelve children known to suffer from epilepsy were attending ordinary schools. Two of these children reached school leaving age and left school during the year.

##### **Deaf Children.**

One boy was in attendance at the Royal Residential Schools for the Deaf, Manchester, and a girl who had completed her education there was transferred early in the year to the Henry Worrall Training School for Elder Girls for training in Dressmaking. One pre-school child was admitted to the Nursery Department in September.



### **Partially Deaf Children.**

One girl, resident at the School for the Partially Deaf at Birkdale, emigrated with her family to Canada in 1956.

Five children attending ordinary schools were classed as partially deaf. Two of these children left school during the year.

### **Mentally Handicapped Children.**

19 children are classified as ineducable. They are unfit to attend school because of their mental defects. Three pre-school children are in the same category. Seven children not attending school have other defects in addition to their mental defects. 15 children attending ordinary schools, five of whom have physical as well as mental defects, would benefit more from training than from education at an ordinary school. All these children are suitable for admission to an Occupation Centre.

Two children suffering from marked mental defects are unsuitable for either education or training.

22 children attending ordinary schools are classified as educationally sub-normal. Because of their low-grade mentality they are kept under observation. Five of these children have defects in addition to their mental defects. Two pre-school children are already under observation for their low mentality.

Two special classes continued to function as in previous years. The special class at Albert Road School would be of more value if it were held every day instead of two half-days a week. Pupils for the Demesne Road special class should be admitted as soon as they are eight in order to obtain the full benefit from the special tuition.

### **Physically Handicapped Children.**

Eight physically handicapped children were unfit to attend school in 1956. Two had paralysis following poliomyelitis, one had pulmonary tuberculosis and the remainder had various types of orthopædic defects. Two of these children were in-patients at Noble's Hospital for part of the year.

Four children were in-patients in hospitals on the Mainland. One of these was suffering from heart disease, two were spastics and the other was admitted for treatment for tuberculosis of the spine.

29 children classified as physically handicapped attend ordinary schools. Some of these would be suitable for admission to special schools.

Five pre-school children were noted as being physically handicapped.

Some of the children who are unable to attend ordinary schools because of their physical disabilities have lessons at home under the supervision of a qualified teacher.

Seven children known to be suffering from diabetes are fit to attend ordinary schools.



**Maladjusted Children.**

16 children were noted as being maladjusted.

**Speech Defects.**

A number of children suffer from defective speech. No qualified speech therapist is available but some of the younger children with the less severe forms of defective speech improve without treatment when they start school life and mix with other children.

# Isle of Man Education Authority

## MEDICAL INSPECTION RETURNS

### STATISTICAL TABLES

Year ended 31st December, 1956.

**TABLE I.**

**MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL  
SCHOOLS).**

#### **A. PERIODIC MEDICAL INSPECTIONS.**

Age Groups inspected and Number of Pupils examined in each

Five year old Group .....	718
Eight year old Group ... ..	665
Twelve year old Group .....	592
Fifteen year old Group .....	477

Total ... 2,452

Additional Periodic Inspections ..... 65

Grand Total ... 2,517

#### **B. OTHER INSPECTIONS.**

Number of Special Inspections ..... 942

Number of Re-Inspections ..... 4,756

Total ... 5,698

#### **C. PUPILS FOUND TO REQUIRE TREATMENT.**

Number of individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIIA (3)	Total individual Pupils (4)
Five year old Group .....	2	35	37
Eight year old Group .....	37	25	62
Twelve year old Group .....	40	18	57
Fifteen year old Group .....	22	17	38
Total .....	101	95	194
Additional Periodic Inspections .....	1	4	5
Grand Total .....	102	99	199



**D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS  
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.**

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Five year old Group .....	718	718	100.00	—	—
Eight year old Group .....	665	665	100.00	—	—
Twelve year old Group .....	592	591	99.83	1	0.17
Fifteen year old Group .....	477	477	100.00	—	—
Additional Periodic Inspections	65	65	100.00	—	—
Total .....	2,517	2,516	99.96	1	0.04

**TABLE II.  
INFESTATION WITH VERMIN.**

(1) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons .....	32,267
(2) Total number of individual pupils found to be infested .....	176
(3) Total number of individual pupils in respect of whom cleansing notices were issued (Section 86(2) Education Act, Isle of Man, 1949) .....	Nil
(4) Total number of individual pupils in respect of whom cleansing orders were issued (Section 86(3) Education Act, Isle of Man, 1949) .....	Nil

TABLE III.

**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE  
YEAR ENDED 31st DECEMBER, 1956.**

**A. PERIODIC INSPECTIONS.**

Defect Code Number	DEFECT OR DISEASE	Periodic Inspections				Total (in- cluding all age groups inspected	
		Entrants		Leavers		Requiring Treatment	Requiring Observation
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin .....	—	12	4	7	7	38
5	Eyes :—						
	(a) Vision .....	2	2	22	69	102	230
	(b) Squint .....	14	13	—	5	20	51
	(c) Other .....	3	4	—	3	7	19
6	Ears :—						
	(a) Hearing .....	—	5	2	1	3	18
	(b) Otitis Media ....	1	2	—	—	1	8
	(c) Other .....	1	3	1	5	6	27
7	Nose and Throat .....	6	87	1	3	22	181
8	Speech .....	—	24	—	4	—	48
9	Lymphatic Glands .....	—	30	1	6	1	58
10	Heart .....	—	11	—	8	1	40
11	Lungs .....	—	26	—	6	1	78
12	Developmental :—						
	(a) Hernia .....	3	1	—	—	5	5
	(b) Other .....	—	3	1	1	1	13
13	Orthopædic :—						
	(a) Posture .....	—	—	—	8	3	40
	(b) Feet .....	5	47	3	15	14	139
	(c) Other .....	—	27	4	8	8	73
14	Nervous System :—						
	(a) Epilepsy .....	—	—	—	—	—	2
	(b) Other .....	—	1	—	1	—	6
15	Psychological :—						
	(a) Development ....	—	3	—	10	—	50
	(b) Stability .....	—	10	—	3	—	29
16	Abdomen .....	—	—	—	—	—	1
17	Other .....	7	11	25	22	66	79



## B. SPECIAL INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin .....	46	5
5	Eyes :—		
	(a) Vision .....	99	26
	(b) Squint .....	15	4
	(c) Other .....	33	11
6	Ears :—		
	(a) Hearing .....	5	8
	(b) Otitis Media .....	—	—
	(c) Other .....	—	—
7	Nose and Throat .....	48	18
8	Speech .....	2	10
9	Lymphatic Glands .....	4	10
10	Heart .....	—	5
11	Lungs .....	3	11
12	Developmental :—		
	(a) Hernia .....	—	—
	(b) Other .....	—	4
13	Orthopædic :—		
	(a) Posture .....	4	2
	(b) Feet .....	23	7
	(c) Other .....	37	19
14	Nervous System :—		
	(a) Epilepsy .....	1	1
	(b) Other .....	—	3
15	Psychological :—		
	(a) Development .....	8	23
	(b) Stability .....	2	2
16	Abdomen .....	—	—
17	Other .....	106	76

**TABLE IV.**

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

**GROUP I.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

	Number of cases known to have been dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint .....	629	1
Errors of refraction (including squint) ...	536	9
Total ...	1,165	10
Number of pupils for whom spectacles were prescribed .....	310	—

**GROUP II.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.**

	Number of cases known to have been treated	
	by the Authority	Otherwise
Received operative treatment :—		
(a) for diseases of the ear .....	—	—
(b) for adenoids and chronic tonsillitis .....	49	13
(c) for other nose and throat conditions .....	5	—
Received other forms of treatment .....	651	—
Total .....	705	13
Total number of Pupils in schools who are known to have been provided with hearing aids :—		
(a) in 1956 .....	1	—
(b) in previous years .....	2	—

**GROUP III. ORTHOPÆDIC AND POSTURAL DEFECTS.**

	by the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments .....	215	24

**GROUP IV. DISEASES OF THE SKIN** (excluding uncleanliness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm : (i) Scalp .....	1
(ii) Body .....	7
Scabies .....	7
Impetigo .....	123
Other skin diseases .....	1,609
Total ...	1,747

**GROUP V. CHILD GUIDANCE TREATMENT.**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .....	—
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**GROUP VI. SPEECH THERAPY.**

Number of pupils treated by Speech Therapists under arrangements made by the Authority .....	—
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## GROUP VII. OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority .....	7,332
(b) Pupils who received convalescent treatment under School Health Service arrangements .....	—
(c) Pupils who received B.C.G. vaccination .....	—
(d) Other than (a), (b) and (c) above (specify) .....	—

### TABLE V.

#### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) At Periodic Inspections .....	6,251
(b) As Specials .....	2,571
	Total (1) ... 8,822
(2) Number found to require treatment .....	4,747
(3) Number offered treatment .....	4,580
(4) Number actually treated .....	4,580
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) below .....	11,232
(6) Half days devoted to : Periodic (School) Inspection .....	44
Treatment .....	1,465
	Total (6) ... 1,509
(7) Fillings : Permanent Teeth .....	4,965
Temporary Teeth .....	916
	Total (7) ... 5,881
(8) Number of Teeth filled : Permanent Teeth .....	4,870
Temporary Teeth .....	810
	Total (8) ... 5,680
(9) Extractions : Permanent Teeth .....	2,228
Temporary Teeth .....	4,725
	Total (9) ... 6,953
(10) Administration of general anæsthetics for extraction .....	1,156
(11) Orthodontics :	
(a) Cases commenced during the year .....	54
(b) Cases carried forward from previous year .....	24
(c) Cases completed during the year .....	27
(d) Cases discontinued during the year .....	15
(e) Pupils treated with appliances .....	47
(f) Removable appliances fitted .....	44
(g) Fixed appliances fitted .....	3
(h) Total Attendances .....	600
(12) Number of pupils supplied with artificial dentures .....	19
(13) Other operations : Permanent Teeth .....	6,643
Temporary Teeth .....	495
	Total (13) ... 7,138













